



EMPLOYMENT APPLICATION
FOR
ROCKPORT POLICE DEPARTMENT

The Rockport Police Department is an equal opportunity employer

To: John Horvath, Chief of Police
Rockport Police Department
168 Main Street
Rockport, MA 01966
978-546-1212

Town of Rockport
Police Department
AGREEMENT

Carefully read each statement below, and after having the form notarized, return it by the date requested.

1. I swear (or affirm) that the information I have caused to be entered into the preceding pages of this Application and Personal History Statement for employment with the Rockport Police Department is true and complete.
2. I authorize investigation of all statements contained in this Application and Personal History Statement Form as may be necessary in arriving at an employment decision.
3. I understand that this Application and Personal History Statement is but one element of the selection process for employment with the Rockport Police Department, and that an acceptable background investigation does not guarantee employment.
4. I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from further consideration and/or termination from employment with the Rockport Police Department.

Applicant's full Name (type or print legibly): _____

Applicants Signature: _____

Home Address: _____

Date: _____

Before me appeared the above named, _____,
Who acknowledged to me that he/she has signed, sealed and delivered this agreement
at his/her voluntary act or deed, for the use and purpose therein expressed.

In Witness Whereof, I have herein set my hand and official seal,
This _____ day of _____.

Notary Public My Commission expires on: _____

Rockport Police Department
168 Main Street, Rockport, MA 01966
(978) 546-1212

AUTHORIZATION FOR RELEASE OF INFORMATION

(Print clearly in ink or type)

PLEASE ACCURATELY COMPLETE THE FOLLOWING INFORMATION:

NAME: _____
Last Name First Name Middle Initial

PREVIOUS NAME OR ALIAS: _____

RESIDENTIAL ADDRESS: _____
(Not a Post Office Box) Number Street

City/Town State Zip Code
MAILING ADDRESS (if different) _____

HAVE YOU EVER RESIDED IN ANOTHER STATE? _____ IF YES, WHERE? _____

SOCIAL SECURITY NO.: _____ DRIVERS LICENSE NO.: _____

DATE OF BIRTH: / / PLACE OF BIRTH: _____

I, _____, do hereby authorize a review of and a full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Rockport Police Department, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking, and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances wherever filed by me or against me, and salary records; real and personal property tax statement and records, and other financial statements and records wherever filed; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Rockport Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Rockport Police Department. I understand that all materials pertaining to this background investigation become the property of the Rockport Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and Sworn before me this _____ Day of _____
Signature _____

My commission expires _____ Street Address _____

Notary: _____ City _____
State _____ Zip Code _____

Rockport Police Department
168 Main Street
Rockport, MA 01966

Application and Personal History Statement- Position applied for: _____

Date: _____

1. FULL NAME: If you have initials in your name, use them and state (IO). If you have no middle name, enter "NMI"> If you're a Jr., Sr., III, etc., enter that in the first box after your middle name.

Last Name: _____ First: _____ MI _____ JR, SR, ETC. _____

2. Date of Birth _____ / _____ / _____ 3. Social Security Number: _____

4. Place of Birth. (Use the two letter code for the state.) _____

CITY: _____ State: _____ Country: _____

5. OTHER NAMES USED: Give other names used such as your maiden name, name(s) by a former marriage, alias, adoption, etc.

NAME _____ Date(s) when used _____

NAME _____ Date(s) when used _____

NAME _____ Date(s) when used _____

NAME _____ Date(s) when used _____

6. IDENTIFYING INFORMATION:

Height _____ Weight _____ Hair color _____
Eyes _____

Sex: Male _____ Female _____ Scars, Tattoos, or other Distinguishing

marks: _____

7. Telephone Numbers/ Email Address:

Home: _____ Work: _____ Email: _____

8. RESIDENCE INFORMATION:

Fill in your address for every place you have lived, beginning with the present and working backward since your 15th Birthday. If you attended school away from your permanent residence, list the address you lived at while attending school. For any address in the past three (3) years, list a person who knew you at that address, preferably someone who still lives in that area. If you rented, please give the name and address of the person responsible for collecting rent.

1. From _____ To _____
month/year month/year
Street address _____
City/State/Zip _____
Name of person who knows you _____
Street Address _____
City/State/Zip _____
Telephone number _____

2. From _____ To _____
month/year month/year
Street address _____
City/State/Zip _____
Name of person who knows you _____
Street Address _____
City/State/Zip _____
Telephone number _____

3. From _____ To _____
month/year month/year
Street address _____
City/State/Zip _____
Name of person who knows you _____
Street Address _____
City/State/Zip _____
Telephone number _____

4. From _____ To _____
month/year month/year
Street address _____
City/State/Zip _____
Name of person who knows you _____
Street Address _____
City/State/Zip _____
Telephone number _____

The Town of Rockport is an equal opportunity Employer

#3 From _____ To _____ Exact Title of Position _____
 Month/Year Month/Year
 Name of Employer _____ Street Address of Employer _____
 Telephone Number of Employer _____
 Name & Title of Supervisor _____ Telephone Number of Supervisor _____
 Reason for Leaving Employment _____

#4 From _____ To _____ Exact Title of Position _____
 Month/Year Month/Year
 Name of Employer _____ Street Address of Employer _____
 Telephone Number of Employer _____
 Name & Title of Supervisor _____ Telephone Number of Supervisor _____
 Reason for Leaving Employment _____

#5 From _____ To _____ Exact Title of Position _____
 Month/Year Month/Year
 Name of Employer _____ Street Address of Employer _____
 Telephone Number of Employer _____
 Name & Title of Supervisor _____ Telephone Number of Supervisor _____
 Reason for Leaving Employment _____

10a. EXTENDED ABSENCE FROM EMPLOYMENT.
 Have you had any extended work absences for reasons other than earned vacations? _____ YES _____ NO
 If "YES", please explain (include when, name of employer, circumstances).

11. OUTSIDE ACTIVITIES
 List any activities which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty and integrity (response is optional).

#1 _____ to _____ Activity _____
 Month/Year Month/Year
 Location of Activity (City/County/State) _____

#2 _____ to _____ Activity _____
 Month/Year Month/Year
 Location of Activity (City/County/State) _____

#3 _____ to _____ Activity _____
 Month/Year Month/Year
 Location of Activity (City/County/State) _____

12. FOREIGN COUNTRIES YOU HAVE VISITED
 List foreign countries you have visited, beginning with the most recent (#1), and working backward (10) years.
 In the "CODE" block, use one of the following: 1 = Business, 2 = Pleasure, 3 = Education, 4 = Other.

#1 _____ to _____ Country _____ Code _____
 Month/Year Month/Year

#2 _____ to _____ Country _____ Code _____
 Month/Year Month/Year

#3 _____ to _____ Country _____ Code _____
 Month/Year Month/Year

13. MILITARY HISTORY

A. Are you registered for Selective Service? ___ YES ___ NO

If "YES", please provide:

Selective Service Number _____ Local Board Number _____ City _____ State _____

B. Have you served in the United States Military? ___ YES ___ NO

Have you served in the United States Merchant Marine? ___ YES ___ NO

If your answer to both questions is "NO", go to question 14.

If your answer to either question is "YES", go to C.

C. Starting with the most current (#1) and working backward, enter information for all periods of Active/Reserve Service into the table below. In the "CODE" block, use one of the following: 1 = Air Force, 2 = Army, 3 = Navy, 4 = Marine Corps, 5 = Coast Guard, 6 = Merchant Marine, 7 = National Guard (For Reserves, place an "R", after the appropriate CODE; for example - Army Reserve would be "2R"). Indicate Status (mark an "X" in appropriate blocks - use state code for National Guard)

Month/Yr.	Code	Rank	None	Active Duty	Active Reserve	National Guard	Inactive Reserve	Retired
#1 to								
#2 to								
#3 to								
#4 to								

13a. MILITARY RECORD - PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name _____ Contact Address/City/State _____ Contact Telephone _____ Years Known _____

14. RELATIVES

All applicants must give complete information concerning their relatives (Mother, Father, Siblings). If you have been married more than once, give the requested information concerning each former husband or wife. Even though a relative is deceased, give all the information requested and indicate last residence and year of death. If you have been reared by someone other than your parents, the requested information should be furnished concerning them, as well as your natural parents. If you are engaged to be married or contemplating marriage in the near future, completed information must be included for your future spouse.

COMPLETE NAME, INCLUDING MIDDLE NAME (NO INITIALS), COMPLETE ADDRESS

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

Name _____ Relationship to You _____

Birth Date _____ Birthplace _____ Tel. # _____

Street Address _____ City/State/Zip _____

Occupation and Employer _____ Supervisor/Co-Worker _____ Tel. # _____

15. MARITAL STATUS. Mark one of the following to show your current marital status:

____ 1 - Never Married (go to question 16). ____ 2 - Married ____ 3 - Separated ____ 4 - Legally Separated
____ 5 - Divorced ____ 6 - Widowed

CURRENT SPOUSE - Please complete the following about your current spouse:

Full Name _____ Date of Birth _____

Place of Birth (include Country if outside US) _____ Social Security # _____

Country of Citizenship _____ Date Married _____ Place Married _____ State _____

Other Names Used (Specify Maiden name, names by other marriages, etc., and show all dates used for each time)

Country of Citizenship _____ Date Married _____ Place Married _____ State _____

If Separated, Date of Separation _____ If Legally Separated, where is the record located (City/State/County) _____

Address of Current Spouse (Street, City and Country if outside of US) _____

FORMER SPOUSE. Complete the following about your former spouse(s). (Use continuation sheet if necessary)

Full Name _____ Date of Birth _____

Place of Birth (include Country if outside US) _____ Social Security # _____

Country of Citizenship _____ Date Married _____ Place Married _____ State _____

Check one of the below, then give date Month/Day/Year. If Divorced, where is the record located (City/State/Country).

____ Divorced ____ Widowed _____

Address of Former Spouse (Street, City and Country if outside of US) _____

16. PERSONS RESIDING WITH YOU

Does anyone reside with you, other than your spouse or relatives indicated in questions 14?

If "YES", provide the information below:

____ YES ____ NO

Name of Person

Relationship

17. MILITARY RECORD (If never in the military, go to question 18).

A. Have you ever received other than an honorable discharge from the military?

____ YES ____ NO

If "YES" provide:

Date of Discharge _____ Type of Discharge _____

B. Was any type of disciplinary action taken against you while in the service?

____ YES ____ NO

If "YES", complete the following:

Month/Yr. Charge or Specification/Action Taken

Place (City and County/Country if outside US)

18. EMPLOYMENT RECORD

Has any of the following happened to you in the last ten (10) years?

If "YES", begin with the most recent occurrence and go backward, providing the date fired, quit, or left under conditions other than favorable and other information requested:

1 - Fired from a job; 2 - Quit a job after being told you would be fired; 3 - Left a job by mutual agreement under unfavorable circumstances; 4 - Left a job by mutual agreement following allegations of unsatisfactory performance; 5 - Left a job for other reasons under unfavorable circumstances ____ YES ____ NO

Month/Yr. Code Specify Reason

Employer's Name and Address (City, State, Zip Code)

19. POLICE RECORD (Do not include anything that happened before your 17th birthday.) An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "NO RECORD" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "NO RECORD" with respect to prior arrests, court appearances and adjudications in all cases of delinquency, or as a child in need of services, which did not result in a complaint, transferred to the Superior Court for criminal prosecution (see MGL c276, s100A, S100c).

A. Have you ever been convicted of any felony?

YES ____ NO ____

B. Have you been convicted of a misdemeanor within the past five years (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? ☐ YES ☐ NO

C. Have you completed a period of incarceration within the past five years for any misdemeanor (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? ☐ YES ☐ NO

D. If the answer to question C. above, is "yes", please state whether you were convicted more than five years ago for any offenses (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? ☐ YES ☐ NO

19a. MISSING PERSONS. Have you ever been reported to a law enforcement agency as a missing person or a runaway? If "YES", please give details: ☐ YES ☐ NO

Date	Law Enforcement Agency	Circumstances
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20. ILLEGAL DRUGS. Do you currently use, or in the last five (5) years, have you used, possessed, supplied or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics, opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc). NOTE: The information you provide in response to this question WILL NOT be provided for use in any criminal proceedings against you. ☐ YES ☐ NO

If "YES", provide below any information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs:

Month/yr. to	Type of Substance	Explanation

21. INVESTIGATIONS RECORD

A. To the best of your knowledge, has the Commonwealth of Massachusetts or the United States Government or any other police or law enforcement agency, ever investigated your background? ☐ YES ☐ NO

Month/yr.	Investigating Agency	Month/yr.	Investigating Agency

B. To your knowledge, have you ever had a clearance or access authorization denied, suspended or revoked, or have you ever been debarred from Government employment? ☐ YES ☐ NO

If "YES", give date of action and agency

Month/yr.	Department or Agency	Month/yr.	Department or Agency

22. FINANCIAL RECORD. In the last five (5) years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgement rendered against it for a debt? If you answer "YES", provide the date of initial action and other information requested below: ☐ YES ☐ NO

Month/yr.	Type of Action	Business Name	Name/Address of Court Handling case (State/Zip)

A. Are you now over 180 days delinquent on any loan or financial obligation? Include loan or obligations funded or guaranteed by the Federal Government. If you answer "YES", provide the information requested below.

Month/Yr. Type of Loan or obligation (Account #) Name/Address of Creditor or Obligor (State/Zip)

Month/Yr.	Type of Loan or obligation (Account #)	Name/Address of Creditor or Obligor (State/Zip)

B. List all loans whose principal outstanding balance exceeds \$1,000.00, and on which you are individually or jointly liable either directly or as a guarantor:

Lender	Loan #	Original Balance	Outstanding Balance	Purpose of Loan

C. SUPPORT ORDERS

1. Are there any order/agreements entered into court regarding child support/alimony? YES NO

If "NO", go to question 23.

2. If "YES" to question 1, are the orders/agreements being fulfilled to their fullest? YES NO

3. If "YES" to question 1, have there been any previous problems in fulfilling these orders/agreements? YES NO

If you answered "YES" to 1, 2, or 3 above, explain your answer(s) in the space below (include court, judgement, and penalties):

23. INCOME TAXES

A. Have your Massachusetts Tax Returns been filed on time for the last seven (7) years? YES NO

B. Have your Federal Tax Returns been filed on time for the last seven (7) years? YES NO

C. Are you delinquent on any State or Federal Tax liabilities? YES NO

If you answered "YES" to C, or "NO" to A or B above, explain your answer(s) in the space provided below:

24. BUSINESS INVOLVEMENT

Do you presently own, or within the last seven (7) years have you owned more than 10% of the following:

1. A Company? YES NO

2. A Partnership (include general or limited partnership) YES NO

3. Joint Venture YES NO

4. Joint Enterprise YES NO

If you answered "YES", provide the required information below:

Name of Business	Location (Address/City/Zip)	Percentage Owned

Who owns the Business Interest? Describe the Nature of the Business

If the Company does business with the Commonwealth, list the agency(ies) and the nature of business conducted with the agency(ies).

Agency

Nature of Business Conducted

B. Do you or any member of your immediate family (spouse or child) presently have a greater than 10% equity interest in any business entity (include general or limited partnership, joint venture or enterprise)? ☐ YES ☐ NO

If you answered "YES", to B above, provide the information required in the space provided below:

Name of Business

Location (Address/City/Zip)

Percentage Owned

Who owns the Business Interest?

Nature of Business Conducted

25. CIVIL LITIGATION

A. To the best of your knowledge, are there any civil actions pending against you? ☐ YES ☐ NO

B. Have there been any civil actions concluded against you within the past seven (7)

Years favorable or adversely?

☐ YES ☐ NO

If you answered "YES" to A or B above, explain your answer(s) in the space below (If known, include: court(s), case name(s), docket number(s), nature of lawsuit and outcome):

26. PREVIOUS INTERACTIONS WITH STATE AGENCIES

A. Have you ever filed a financial disclosure form with the State Ethics Commission or a similar body in another state? If "YES", submit with this form a copy of your most recent submission. ☐ YES ☐ NO

B. Have any proceedings been instituted against you by the State Ethics Commission or a similar body in another state? ☐ YES ☐ NO

C. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to any licenses or registrations you possess? ☐ YES ☐ NO

D. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to your membership in any professional or trade association(s)? ☐ YES ☐ NO

E. Do you presently have any business, hearings, complaints, or claims or any other matters pending before any regulatory agency or board? ☐ YES ☐ NO

F. Within the past seven (7) years, have you had any business hearing, complaint or claim with any regulatory agency or board? ☐ YES ☐ NO

If you answered "YES" to B, C, D, or F above, explain your answer(s) in the space below (include nature of allegations, date and outcome of proceedings):

27. LICENSES

A. Are you a licensed motor vehicle operator?

☐ YES ☐ NO

If "YES", please provide the information requested below:

--

Drivers License Number State Expiration Date Restrictions (if any) Status (active, revoked, etc).

B. Please list other states where you have been a licensed motor vehicle operator:

License Number _____ State _____

License Number _____ State _____

C. Have you ever been refused a driver's license by any state? _____ YES _____ NO

If "YES", please explain (include when, where and why)

Month/yr. State Circumstances

D. Has your license, in any state, ever been suspended or revoked?

If "YES", provide details below (include, why, when, length of time taken away):

E. Have you received any traffic citations (exclude parking tickets) within the last seven (7) years? _____ YES _____ NO

If "YES", list all traffic citations and other information requested below:

Nature of violation	Location (City/State)	Approximate Date	Action Taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. Have you ever been involved, as a driver of a motor vehicle, in an accident within the last seven (7) years? _____ YES _____ NO

If "YES", please give details for each accident in the spaces below:

Month/Day/Year	Location (City/State)	Injuries (yes or no)	Investigating Police Agency, if any
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Have you ever applied for a permit to carry a firearm or FID card? _____ YES _____ NO

H. Do you possess any other license(s) permit(s), or registration(s) such as Firearms, Professional, Trade, etc. _____ YES _____ NO

If "YES", provide the information required below:

Type of License	License Number	Date Issued	Date of Expiration
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Issuing State	Issuing Agency (include address)
1. _____	_____
2. _____	_____
3. _____	_____

28. PROFESSIONAL/TRADE ASSOCIATIONS

Do you hold membership in any professional or trade organization(s)? _____ YES _____ NO

If "YES", provide the information required below:

Organization	Address	Type	Present Member Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. **PROPERTY OWNERSHIP**

List any real property in which you, your spouse, or your minor children have an equity or financial interest:

Property Address	Owner	Relationship (self, spouse, etc.)

30. **REFERENCES**

A. List three (3) people who know you 'PROFESSIONALLY', and can attest to your qualifications and fitness for the position for which you are applying.

Full name of Reference	Telephone Number	Address	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

A. List three (3) people who know you 'PERSONALLY', and can attest to your qualifications and fitness for the position for which you are applying.

Full name of Reference	Telephone Number	Address	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

31. **CONTINUATION SPACE.** Use the space below to continue answers to all questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your Name and Social Security Number, Identify the number of the question.

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification:

Certification that my answers are true:

I have read each question asked of me and understand each question. My statements on this form and any attachments to this form including but not limited to a resume, are true, and correct to the best of my knowledge and belief and are made in good faith.

Signature (sign in ink) _____ Date: _____